UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549,

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Éstimated average burden hours per response... 1

03035766

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE	ONLY
Prefix	Serial
	1
DATE RE	CEIVED

Filing Under (Check box(es) the Type of Filing: [X] New Filing [nat apply).	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] <u>Rule 506</u>	[] Section 4(6)	[]ULOE
		A, BASIC ID	ENTIFICATION D	ATA		PROCES
1. Enter the information reques	sted about the iss	uer				00T 2 4 an
Name of Issuer (check if this is Sensations, LLC	an amendment	and name has	s changed, and ind	cate change.)		THOMSON
Address of Executive Offices (fc/o Soloway/Levy Productions, In					cluding Area Code)	FINANCIAL
Address of Principal Business (if different from Executive Office		ber and Stree	et, City, State, Zip (Code) Telephone	Number (Including A	Area Code)
Brief Description of Business				er i dige establica e generalisa.		
Brief Description of Business Type of Business Organization						
Type of Business Organization		ted partnersh	ip, already formed		[X] other (please spe	
and the second control of the second	[] lim	'	ip, already formed ip, to be formed		[X] other (please spe Limited Liability Com	
Type of Business Organization	[] lim	ted partnersh	•			

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[X]	General and/or Managing Partne
Full Name (Last name first, i Soloway/Levy Productions, Inc		/idual)		and the second second					
Business or Residence Addi 1776 Broadway, 11th Floor, Ne	ess (w Yor	Number and Str k, New York 100	eet, City, State, Zip 19	Code	e)				
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[X]	Executive Officer	[]	Director	[]	General and/or Managing Partne
Full Name (Last name first, i Soloway, Leonard, Co-Presider			ductions, Inc.						
Business or Residence Addr 1776 Broadway, New York, Ne			eet, City, State, Zip	Code	9)				
Check Box(es) that Apply:	[]	Promoter [X]	Beneficial Owner	[]	Executive Officer	[]	Director	D .	General and/or Managing Partne
Full Name (Last name first, i Levy, Steven M., Co-President			actions, Inc.	Senten Er					
Business or Residence Addr 1776 Broadway, New York, N			eet, City, State, Zip	Code)				
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner		Executive Officer	[]	Director	[X]	General and/or Managing Partner
Full Name (Last name first, i Mishkin, Chase	f indiv	vidual)				tan permating			
Business or Residence Addr 1965 Broadway, Suite 22B, Ne				Code)				
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	[X]	General and/or Managing Partne
Full Name (Last name first, i Friboni, Angelo	f indiv	ridual)	and angle of the legislation of the account towards (188)		i Balanca provincia de la composição de la	**************************************	2		12 2 3 10 20 W
Business or Residence Addr 2166 Broadway, New York, New			eet, City, State, Zip	Code))				
Check Box(es) that Apply:	[]	Promoter []	Beneficial Owner	[]	Executive Officer	[]	Director	0	General and/or Managing Partner
Full Name (Last name first, i	f indiv	vidual)		announce of a		Section 1 - Market			<u> </u>
Business or Residence Addr	ess (Number and Str	eet, City, State, Zip	Code		4		.,)	

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No (X)	
			olumn 2, if	_		om any indi	ividual?	*************			[] \$ _1000_	[X]
3. Doe:	s the offeri	ng permit j	oint owner	ship of a s	ingle unit?.						Yes [X]	No []
any co the offe SEC ar	mmission o ering. If a p nd/or with a	or similar re erson to b a state or s	uested for emuneratio e listed is a states, list t uch a brok	n for solic an associa he name c	itation of pu ted person of the broke	urchasers i or agent c er or dealer	in connecti of a broker r. If more th	on with sal or dealer r nan five (5)	les of secu egistered v persons to	rities in with the o be listed		()
Full Na N/A	me (Last r	ame first,	if individua	,		gan gan and the gan and and and and and and and and and a	erria tika ilgi tikan 2 till gigle	el derida (2 - tanzenisty) in St	A was I should be to the			
Busine	ss or Resid	dence Add	ress (Num			State, Zip (Code)	135 K M2 17 G 12 63 63	er gan ar gertaer a grown gertaer	- A. A. A.		
Name	of Associat	ed Broker	or Dealer	and the second second second	a Arriver autori		voca (1) v Combo (4)	ender and the state of the				
			ed Has Sol individual			olicit Purch	nasers	Parameter (A. a. Car	in the second of		[] All State	∋s
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[iD] [MO] [PA] [PR]
Full Na	me (Last n	ame first,	if individua	1)								
Busine	ss or Resid	dence Add	ress (Num	ber and St	reet, City,	State, Zip (Code)					
Name	of Associat	ed Broker	or Dealer	eranda (n. g. eranda (n. g. saka g. eranda (n. g.	Pro In July Medica South		eren i november en	o on the protection of the contract	Mark and Congress of the Congr			
			ed Has Sol individual			olicit Purch	nasers	Stanologijasis variasis	· · · · · · · · · · · · · · · · · · ·	,	[] All State	es
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last n	ame first,	if individua))	e i met e ponto i i mete da	toriae (n. g. 1824), ilainas bir belahas	wakee over 1000 care the 1899 o	an mar a tipt favour	tribles (1 range) received the religion	The Control of	- 	
Busine	ss or Resid	dence Add	ress (Num	per and St	reet, City,	State, Zip (Code)		the superior of the superior			
Name	of Associat	ed Broker	or Dealer	ally so to a south and the south	CONTRACTOR OF STREET	ane e tilean e mora e		mar na sea ala s	ar ar guna an be			
			ed Has Sol individual			olicit Purch	nasers				[] All State	es
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (SpecifyLLC Interest).	\$ 270,000	\$ 0
Total	\$_270,000_	\$ 0
Answer also in Appendix, Column 3, if filing under ULOE.	* _= ' 0 ,000_	· · · · · · · · · · · · · · · · · · ·
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$ 0
Non-accredited Investors		\$0_ \$
Total (for filings under Rule 504 only)		Φ
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of	Dollar Amount
Type of offering	Security	Sold
Rule 505	Cocarity	\$
Regulation A		\$
Rule 504		\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		f1 \$
Printing and Engraving Costs		ii \$
Legal Fees		[] \$
Accounting Fees		[] \$
Engineering Fees		[] \$
Other Expenses (identify)		[] \$
Total		[] \$
b. Enter the difference between the aggregate offering price given in response to Part C - Question	n 1 and total	\$

expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments To Affiliates Others Salaries and fees 11\$ []\$ Purchase of real estate []\$_ []\$ Purchase, rental or leasing and installation of machinery []\$_____ and equipment Construction or leasing of plant buildings and facilities...... []\$_____[]\$____ Acquisition of other businesses (including the value of securities involved in this offering that may be used in []\$_____[]\$____ exchange for the assets or securities of another issuer pursuant to a merger) Repayment of indebtedness []\$_ Working capital Other (specify, Est.): Physical Production (\$43,000); Production Fees (\$14,716); Rehearsal Salaries (\$17,150); Prelim Advtg & Pub (\$100,000), Administrative (\$22,984); Bonds (\$40,000); Reserves []\$ [X] \$275,000 (\$37,150)[]\$_ Column Totals [X] \$275,000 [X] \$275,000 Total Payments Listed (column totals added) D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) Signature Date

Title of Signer (Print or Type)

Sensations, LLC

Co-President of Soloway/Levy Productions, Inc., as a Manager of

October 17, 2003

ATTENTION

Sensations, LLC

Steven M. Levv

Name of Signer (Print or Type)

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

	Yes	No
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	[]	[X]
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature/	Date
Sensations, LLC	Herrien Ini Fr 6	October 17, 2003
Name of Signer (Print or Type)	Title (Print or Type) Co-President of Soloway/Levy Productions, Inc., a Sensations, LLC	s a Manager of

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1.				7.					
1	Intend to sel to non-accre investors in (Part B-Item	edited State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of invest amount purch (Part C-Item 2	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors		Number of Non-Accredited Investors	Amount		No
AL	1165	1140		Investors	Amount	IIIVestors	Amount	163	No
AK									
AZ									
AR									
СА									
со									
ст									
DE									
DC									
FL									
GA									
н									
ID									
IL.									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
МА					<u> </u>				
МІ									
MN									
мѕ									

1	2 3			4	5 Disqualification				
	Intend to sel to non-accre investors in (Part B-Item	dited State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of invest amount purch (Part C-Item 2	ased in S !)	under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Amount	Yes	No	
MO	103	ING		investors	Annount	Investors	Amount	163	110
MT									
NE									
ΝV									
NΗ									
ΝJ ·									
NM									
NY									
ΝС									
ND									
ОН							9 25 25 25 25 25 25 25 25 25 25 25 25 25		
ок									
OR									
PA									
RI									
sc									
SD									
TN									
тх									
UT									
VΤ	_								
VA									
WA									
w٧									
WI									
WY									
PR									